### **Children and Adolescents/Young Adults**

#### 78. How should parents talk to their children about HIV and AIDS?

Parents should talk with their children about HIV and AIDS for many reasons, including:

- to make sure their children are getting accurate information that is appropriate for their age; and
- to help their children learn skills to reduce the risk of becoming infected with HIV and protect themselves later in life.

Parents should look for chances to discuss HIV and AIDS directly with their children before their children are sexually active or experiment with drugs. A good way to approach the subject is to ask children what they are learning about HIV and AIDS in school. Or, parents can use news articles or stories on television, radio, or in the newspaper to start a conversation.

Parents should learn the facts about HIV and AIDS before talking with their children. Health departments, school health teachers, clinics, physicians, AIDS-related community organizations, libraries, and the Internet are good resources. For a listing of HIV/AIDS educational materials written specifically for parents, call the New York State Department of Health AIDS Institute at (518) 474-9866 or visit the website at http://www.health.state.ny.us/nysdoh/aids/index.htm for an order form; or call the National AIDS Information Clearinghouse at 1-800-458-5231. Parents of children with HIV should refer to question 79 below.

#### 79. Do children get HIV?

Yes. A woman can pass HIV to her baby during pregnancy, delivery, or breastfeeding (see question 20). However, there are medicines that a pregnant woman can take to greatly reduce the chance of her baby being born with HIV (see question 52). These medicines have resulted in a large reduction in the number of babies infected with HIV in the United States.

The New York State Department of Health AIDS Institute and the State Office of Children and Family Services have published a manual, *Caring for Children with Special Needs*. The manual provides parents, foster parents, and other caregivers with information and support to meet the challenges of raising children with HIV. It is available online at <a href="http://www.health.state.ny.us/nysdoh/hivaids/child/index.htm.">http://www.health.state.ny.us/nysdoh/hivaids/child/index.htm.</a> Call (518) 474-9866 to request a form to order a print copy of the manual.

#### 80. Do health care providers need to know if a child has HIV?

**Yes.** Health care providers need to know the HIV status of anyone that they treat in order to give the best possible health care. Children with HIV may develop infections and illnesses that require special medical attention. They may need medicines to fight HIV or to prevent HIV-related illnesses. Children with HIV also have a special childhood vaccination schedule (see question 81).

#### 81. Should a child with HIV get regular childhood immunizations?

**Yes.** Immunizations are important for all children. However, the schedule of immunizations is different for children with HIV, so it is important to tell the health care provider that the child has HIV. Also, vaccines given to an infant or child with HIV may become less effective over time as the child's immune system gets weaker. So, a child with HIV who is exposed to any childhood disease should receive medical attention, even if the child has been vaccinated.

#### 82. Are children in foster care tested for HIV? Who receives the results?

Foster care agency workers assess all children who enter foster care for their risk of HIV infection. If a child is thought to be at risk for HIV and is not able to make an informed decision about testing, foster care staff get a signed consent from the appropriate guardian and make arrangements to have the child tested for HIV. Children and youth who are at risk for HIV and who are determined by the foster care agency to have the ability to make an informed decision about testing are recommended, but not required, to have an HIV test.

Authorized foster care agencies, foster and adoptive parents, local Departments of Social Services, Family Court, and health care providers have a right to know HIV information about children in foster care. However, they may not disclose HIV-related information to anyone else, unless it is for the care and treatment of the child.

## 83. Can a child with HIV infect another child through casual contact, fighting, or contact sports?

HIV is not passed through casual contact like hugging, touching, or sharing toys (see questions 9, 10, 26, 27).

It is highly unlikely that a child could get HIV through fighting or contact sports. The external contact with blood that might occur in a sports injury or through a fight is very different from the direct entry of someone else's blood into your bloodstream that occurs from sharing needles or drug works (see question 9).

#### 84. Who should parents and guardians tell about a child's HIV infection?

The child's health care providers need to know that the child has HIV in order to provide the best possible care. Providers include doctors, nurses, dentists, and other medical employees.

The law does not require parents and guardians to share HIV-related information with a child's school. However, it may be in the child's best interest for some school employees to know about the child's HIV infection (for example, if the child needs help taking medicines).

Parents and guardians of children with HIV should also think about whether to share their child's HIV status with people directly involved in the child's life, such as babysitters, friends, and relatives. They do not have to tell anyone. However, it may be overwhelming to care for a young person with HIV/AIDS without telling others and getting support.

Parents and guardians should consider:

- how disclosure would be helpful to the child;
- how disclosure would be helpful to the parents or guardians; and
- whether others can be trusted with this confidential information.

It may also be helpful to talk to the child's doctor, nurse, social worker, and other people who are involved in the child's care and sensitive to the child's needs. They can provide advice about whether to reveal this information, how much you should tell, and who should know.

#### 85. Do adolescents/young adults get HIV?

**Yes**. HIV infection is an important concern for people of all ages, and young adults are no different. The Centers for Disease Control and Prevention estimate that at least half of all new HIV infections in the United States occur among people under the age of 25.

The same behaviors that put adults at risk for HIV also put adolescents at risk. These activities include:

- having vaginal, anal, or oral sex without using a condom; or
- sharing drug injection equipment.

#### Adolescents should also be aware of these high-risk situations:

- Drinking or using drugs. Drugs and alcohol can affect your judgment and lead to unplanned and unprotected sex.
- Injection drug use, including sharing needles, syringes, cotton, spoons, bottle caps, or any other equipment ("works").
- Experiencing "blackouts" not being able to remember what happened while using alcohol or drugs.
- Not understanding your own risk of being infected with HIV or your partner's risk of being infected.
- Having many sex partners, which increases the chances of having sex with someone who has HIV.
- Exchanging sex for money, drugs, food, housing, or other things of value.
- Having sex with older partners, especially partners who use drugs.
- Having sex with partners you do not know well
- Having a history of sexually transmitted diseases (STDs) or having a partner who has a history of STDs.
- Rape or incest anyone who has been a victim of rape or incest should seek counseling, including advice about HIV testing.

The same behaviors that put adults at risk for HIV also put adolescents at risk.

#### 86. At what age can a person consent to an HIV test?

Parents or legal guardians generally have the authority to consent to HIV testing for infants and young children who do not have the ability to understand and make an informed decision about testing. However, once a person has the capacity to consent – no matter what age – he or she can have an HIV test without parental knowledge or consent (see question 37).

## 87. If an adolescent gets tested for HIV, will the parents or guardians be told about the test result?

Parents or guardians will not be told the test result if the adolescent being tested shows *capacity to consent* to the HIV test (see question 37). The laws that protect confidentiality of HIV-related information apply, no matter what the person's age or whether the person has parental consent or parental involvement (see question 94).

There are certain times when a parent or guardian of an adolescent who gave informed consent can be told confidential HIV-related information – for example, if the adolescent is being abused or needs urgent care. If it is best for the adolescent, HIV-related information should be kept strictly confidential.

# Public Health Law Relating to HIV Reporting and Partner Notification

## 88. What are the Public Health Law provisions regarding HIV case reporting and partner notification?

In New York State, HIV reporting means that doctors and laboratories must report all cases of HIV infection to the New York State Department of Health. Public Health Law requires HIV case reporting by name so that the Department of Health can accurately monitor the HIV epidemic, assess how the epidemic is changing, and create programs for HIV prevention and medical care that best serve affected people and communities. All reported information is protected by strict confidentiality laws.

Partner notification is important so that people can become aware of their HIV risk and receive HIV counseling and testing. Then they can take steps to protect themselves and their loved ones and get medical care sooner if they are infected. Giving doctors or the Health Department the names of partners is voluntary. While doctors are required to report known partners of their HIV-infected patients to the Health Department for the purpose of partner assistance, doctors are also required to talk with their patients about how they would prefer to let sex partners and needle-sharing partners know they may have been exposed to HIV. See question 90 for more information on partner notification options and